

Quarterly pharmacy formulary change notice

The formulary changes listed in the table below apply to all Anthem HealthKeepers Plus (FAMIS [CHIP] and Medallion [Medicaid]) and Anthem HealthKeepers Plus, Commonwealth Coordinated Care Plus (Anthem CCC Plus) members. We reviewed and approved these changes at the second quarter Pharmacy and Therapeutics Committee meeting.

Effective February 1, 2020, formulary changes, non-formulary changes and prior authorization (PA) requirements will apply. Remember to read the footnotes at the end of the table.

Effective for all members on February 1, 2020			
Therapeutic class	Medication	Formulary status change	Potential alternatives (preferred products)
TOPICAL ANESTHETICS (OTC)	PAIN RELIEF ROLL-ON LIQUID LIDOCAINE 4% PLUS CREAM ALOE/LIDOCAINE 0.5% GEL REGENECARE 2% GEL LIDODOSE 3% GEL REGENECARE SPRAY ALOCANE 4% GEL AFTERBURN 2.5% GEL XOLIDO 2% CREAM BURN RELIEF 0.5% AEROSOL ASPERCREME 4% SPRAY LIDOCAINE 3% CREAM LIDOCAINE 4% CREAM LIDOCAINE 5% CREAM AFTERSUN 0.5% GEL LIDOCAINE 4% PAD	PREFERRED	N/A
TOPICAL ANESTHETICS (RX)	LIDOCAINE 3% CREAM LIDOCAINE 5% OINTMENT	NON-PREFERRED	OTC LIDOCAINE PRODUCTS RX LIDOCAINE 5% PATCH
ALCOHOL SWABS (MANUFACTURERS)	GLOBAL DIABETIC RITE AID	NON-PREFERRED	MANUFACTURERS BD DIABETES DYNAREX HEALTH MART ULTIMED
ALCOHOL SWABS (MANUFACTURERS)	BD DIABETES DYNAREX HEALTH MART ULTIMED	PREFERRED	N/A

<https://mediproviders.anthem.com/va>

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Therapeutic class	Medication	Formulary status change	Potential alternatives (preferred products)
IRON SUPPLEMENTS (GENERIC OTC)	IRON 45MG TABLET SLOW-RELEASE FE 45MG TABLET HEMAX TABLET GENTLE IRON 28MG CAPSULE HIGH POTENCY FE 27MG TABLET NU-IRON 150 150MG CAPSULE ABATRON AF TABLET SLOW IRON 50MG TABLET FERGON 27MG TABLET	PREFERRED	N/A
IRON SUPPLEMENTS (BRAND OTC)	FOLITAB 500 TABLET IRON 28MG TABLET FERROUS GLUC 324MG TABLET EZFE 200MG CAPSULE FERROUS GLUC TAB 324MG FERROUS SULF 324MG EC TABLET FERRETTIS 325MG TABLET FERREX 150MG CAPSULE FERREX 28 MIS FERREX 150 PLUS CAPSULE FERREX 150 FORTE PL CAPSULE CHEWABLE IRON PEDIATRIC IRON CHEWABLE FERROUS SUL 220/5ML LIQUID FERROUS SULF 300/5ML SYRUP FEOSOL 200MG TABLET SLOW RELEASE FE 143MG CR TABLET	NON- PREFERRED	OTC GENERIC IRON SUPPLEMENTS RX PRODUCTS: HEMATOGEN FA CAPSULE HEMETAB TABLET MULTIGEN TABLET MULTIGEN PLS TABLET MULTIGEN FOLIC TABLET FERRAPLUS 90 TABLET TARON FORTE CAPSULE FOLIVANE-F CAPSULE FOLIVANE-PLS CAPSULE CENTRATX CAPSULE
IRON SUPPLEMENTS (PRESCRIPTION STRENGTH)	IFEREX 150 FORTE CAPSULE HEMATOGEN CAPSULE HEMATOGEN FORTE CAPSULE TRICON CAPSULE MYFERON 150 FORTE CAPSULE FERROCITE PLUS TABLET FEROCON CAPSULE PUREVIT DUA FE PLUS CAPSULE HEMATINIC PL VIT/MIN TABLET HEMATINIC/FA TABLET POLY-IRON 150 FORT CAPSULE CORVITA 150 TABLET	NON- PREFERRED	OTC GENERIC IRON SUPPLEMENTS RX PRODUCTS: HEMATOGEN FA CAPSULE HEMETAB TABLET MULTIGEN TABLET MULTIGEN PLS TABLET MULTIGEN FOLIC TABLET FERRAPLUS 90 TABLET TARON FORTE CAPSULE

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	TRIGELS-F FORTE CAPSULE TL ICON CAPSULE SE-TAN PLUS CAPSULE		FOLIVANE-F CAPSULE FOLIVANE-PLS CAPSULE CENTRATLEX CAPSULE

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No changes in preferred/nonpreferred status revision or addition to UM edit only		
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ANDROGENS*	JATENZO CAPSULE	ADD ST WITH QUANTITY LIMITS (QL) 58 MG AND 198 MG QL: 4 PER DAY 237 MG QL: 2 PER DAY
ANTICONVULSANTS	NAYZILAM SPRAY 5MG	ADD PA WITH QL QL: 50 MG PER 30 DAYS
ANTINEOPLASTIC AGENTS	PIQRAY 200 MG TABLETS PIQRAY 250 MG TABLETS PIQRAY 300 MG TABLETS	ADD PA WITH QL QL: 1 CARTON PER 28 DAYS
ANTINEOPLASTIC AGENTS	POLIVY 140MG INJECTION	ADD PA
ANTINEOPLASTIC AGENTS	LIBTAYO 350/7ML INJECTION	ADD PA
ANTINEOPLASTIC AGENTS*	ZIRABEV	ADD PA
ANTINEOPLASTIC AGENTS	TECENTRIQ 840/14 INJECTION TECENTRIQ 1200/200 INJECTION	ADD QL 840/14 INJ: 2 VIALS PER 29 DAYS 1200/200 INJ: 1 VIAL PER 21 DAYS
ANTINEOPLASTIC AGENTS	XPOVIO PAK 60MG XPOVIO PAK 80MG XPOVIO PAK 100MG	ADD QL 1 CARTON PER 28 DAYS
ANTINEOPLASTIC AGENTS	NUBEQA 300MG TABLET	ADD QL 4 TABLETS PER DAY
ANTINEOPLASTIC AGENTS	TURALIO CAP 200MG	ADD QL 4 TABLETS PER DAY
ANTINEOPLASTIC AGENTS	PIQRAY 200MG TAB DOSE PIQRAY 300MG TAB DOSE PIQRAY 250MG TAB DOSE	REVISE QL 1 CARTON PER 28 DAYS
COPD AGENTS	DUAKLIR 400/12 INHALER	ADD ST AND QL QL: 1 INHALER PER 30 DAYS
CYSTIC FIBROSIS AGENTS	KALYDECO PAK 25MG	ADD QL 2 PACKETS PER DAY
CYSTIC FIBROSIS AGENTS	ORKAMBI GRANULES	ADD QL 2 PACKETS PER DAY
HIV	DOVATO TABLET EDURANT 25 MG TABLET DELSTRIGO TABLET	ADD PA FOR NEW STARTS AND ADD QL QL: 1 PER DAY

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	COMPLERA TABLET ODEFSEY TABLET JULUCA TABLET	
HIV	INTELECE TABLET	ADD PA FOR NEW STARTS AND ADD QL QL: 200 MG- 2 TABLETS PER DAY 400 MG- 4 TABLETS PER DAY 25 MG – 16 TABLETS PER DAY
HIV	ATRIPLA TABLET BIKTARVY TABLET CIMDUO TABLET DESCOVY TABLET EMTRIVA 200 MG CAPSULE EPIVIR 300 MG TABLET EPZICOM TABLET EVOTAZ TABLET GENVOYA TABLET PIFELTRO 100 MG TABLET PREZCOBIX TABLET PREZISTA 800 MG TABLET REYATAZ 300 MG CAPSULE STRIBILD TABLET SUSTIVA 600 MG TABLET SYMFI TABLET SYMFI LO TABLET SYMTUZA TABLET TRIUMEQ TABLET TRUVADA TABLET TYBOST 150 MG TABLET VIDEX EC 400 MG CAPSULE VIDEX EC 250 MG CAPSULE VIRAMUNE XR 400 MG TABLET TEMIXYS TABLET	ADD QL 1 PER DAY
HIV	REYATAZ 200 MG CAPSULE REYATAZ 150 MG CAPSULE VIDEX EC 200 MG CAPSULE ZERIT 40 MG CAPSULE ZERIT 30 MG CAPSULE COMBIVIR TABLET DUTREBIS TABLET EPIVIR 150 MG TABLET ISENTRESS HD 600 MG TABLET PREZISTA 600 MG TABLET RETROVIR 300 MG TABLET SELZENTRY 75 MG TABLET TIVICAY 10 MG, 25 MG AND 50 MG TABLET TRIZIVIR TABLET VIRAMUNE 200 MG TABLET	ADD QL 2 PER DAY

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	ZIAGEN 300 MG TABLET	
HIV	ISENTRESS 100 MG GRANULE PACKET FOR SUSPENSION	ADD QL 2 PACKETS PER DAY
HIV	VIDEX EC 125 MG CAPSULE VIRAMUNE XR 100MG TABLET	ADD QL 3 PER DAY
HIV	APTIVUS 250 MG CAPSULE INVIRASE 500 MG TABLET ISENTRESS 400 MG TABLET KALETRA 200 MG-50 MG TABLET LEXIVA 700 MG TABLET SELZENTRY 300 MG TABLET SELZENTRY 150 MG TABLET SUSTIVA 200 MG CAPSULE VIRACEPT 625 MG TABLET ZERIT 20 MG CAPSULE ZERIT 15 MG CAPSULE	ADD QL 4 PER DAY
HIV	REYATAZ 50 MG POWDER FOR SUSPENSION	ADD QL 5 PACKETS PER DAY
HIV	CRIXIVAN 400 MG CAPSULE PREZISTA 150 MG TABLET RESCRIPTOR 200 MG TABLET RETROVIR 100 MG CAPSULE ISENTRESS 100 MG CHEWABLE	ADD QL 6 PER DAY
HIV	SELZENTRY 25 MG TABLET	ADD QL 8 PER DAY
HIV	TROGARZO 150MG/ML VIAL	ADD QL 8 VIALS PER 28 DAYS
HIV	INVIRASE 200 MG CAPSULE KALETRA 100 MG-25 MG TABLET PREZISTA 75 MG TABLET VIRACEPT 250 MG TABLET	ADD QL 10 PER DAY
HIV	CRIXIVAN 200 MG CAPSULE NORVIR 100 MG TABLET NORVIR 100 MG CAPSULE NORVIR 100 MG ORAL POWDER PACKET RESCRIPTOR 100 MG TABLET SUSTIVA 50 MG CAPSULE	ADD QL 12 PER DAY
HIV	APTIVUS 100 MG/ML SOLUTION	ADD QL 13 ML PER DAY
HIV	PREZISTA 100 MG/ML SUSPENSION	ADD QL 14 ML PER DAY
HIV	KALETRA 400 MG-100 MG/5 ML ORAL SOLUTION NORVIR 80 MG/ML ORAL SOLUTION	ADD QL 16 ML PER DAY
HIV	ISENTRESS 25 MG CHEWABLE	ADD QL 24 TABLETS PER DAY

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HIV	EMTRIVA 10 MG/ML SOLUTION	ADD QL 29 ML PER DAY
HIV	EPIVIR 10 MG/ML ORAL SOLUTION ZIAGEN 20 MG/ML SOLUTION	ADD QL 32 ML PER DAY
HIV	VIDEX 4 GM PEDIATRIC ORAL SOLUTION VIDEX 2 GM PEDIATRIC ORAL SOLUTION VIRAMUNE 50 MG/5 ML SUSPENSION	ADD QL 40 ML PER DAY
HIV	VIRACEPT 50 MG/G POWDER	ADD QL 53 GM PER DAY
HIV	FUZEON 90 MG VIAL	ADD QL 60 VIALS PER 30 DAYS
HIV	LEXIVA 50 MG/ML SUSPENSION	ADD QL 60 ML PER DAY
HIV	SELZENTRY 20 MG/ML ORAL SOLUTION	ADD QL 62 ML PER DAY
HIV	RETROVIR 10 MG/ML SYRUP	ADD QL 64 ML PER DAY
HIV	ZERIT 1 MG/ML SOLUTION	ADD QL 80 ML PER DAY
IRRITABLE BOWEL SYNDROME (IBS) AGENTS	ZELNORM 6MG TABLET	ADD PA AND QL QL 2 TABLETS PER DAY
LAMBERT-EATON MYASTHENIC SYNDROME AGENTS	RUZURGI 10MG TABLET	ADD PA AND QL QL 10 TABLETS PER DAY
ORAL DIABETIC AGENTS*	QTERNMET XR TABLET	ADD ST AND QL QL: 5 MG/5 MG/1000 MG, 10 MG/5 MG/1000 MG: 1 TABLET PER DAY 2.5 MG/2.5 MG/1000 MG, 5 MG/2.5 MG/10000 MG: 2 TABLETS PER DAY
ORAL DIABETIC AGENTS	QTERN 5-5MG TABLET	ADD QL 1 TABLET 28 DAYS
PRENATAL VITAMINS	DUET DHA DUET DHA BALANCED NESTABS ABC NESTABS DHA OBTREX DHA SELECT-OB+DHA THERANATAL COMPLETE VITAFOL FE+ VITAFOL-OB+DHA BAL-CARE DHA ESSENTIAL	ADD QL 2 PER DAY

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PRENATAL VITAMINS	CITRANATAL B-CALM	ADD QL 3 PER DAY
TOPICAL ANTIPRURITICS	DOXEPIN HCL 5% CREAM, ZONALON 5% CREAM, PRUDOXIN 5% CREAM	ADD PA AND QL QL 1 TUBE PER FILL; 1 FILL PER 3 MONTHS
TOPICAL ANESTHETIC COMBINATIONS	LIDOCAINE/PRILOCAINE CREAM	REVISE QL 30 GM PER 30 DAYS

* Medication will be added to the formulary when it is available on the market.

What action do I need to take?

Please review these changes and work with your Anthem HealthKeepers Plus and/or Anthem CCC Plus patients to transition them to formulary alternatives. If you determine formulary alternatives are not clinically appropriate for specific patients, you will need to obtain PA to continue coverage beyond the applicable effective date.

What if I need assistance?

We recognize the unique aspects of patient cases. If your patients cannot be converted to a formulary alternative, call our Pharmacy department at **1-800-901-0020** (Anthem HealthKeepers Plus members) or **1-855-323-4687** (Anthem CCC Plus members) and follow the voice prompts for pharmacy PA. You can find the *Preferred Drug List* (formulary) on our provider website at <https://mediproviders.anthem.com/va> > Pharmacy > Medicaid Common Core Formulary > Common Core Preferred Drug List.

If you have any questions about this communication, call our Provider Services team at **1-800-901-0020** or call the Anthem CCC Plus team at **1-855-323-4687**.